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CONFIRMATION NO. 4517

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/807,318	<b>FILING OR 371(c) DATE</b> 03/14/2002 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> Charles D. Ray, Williamsburg, VA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US98/14146 07/09/1998 which claims benefit of 60/052,849 07/09/1997				
<b>** FOREIGN APPLICATIONS *****</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> VA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 13
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> DICKIE BILLIG & CZAJA PLLC Fifth Street Towers Suite 2250 100 South Fifth Street Minneapolis ,MN 55402				
<b>TITLE</b> INTERBODY DEVICE AND METHOD FOR TREATMENT OF OSTEOPOROTIC VERTEBRAL COLLAPSE				
<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	